

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Concept Clinics LLP

Maltby Business Centre, Warwick Road, Maltby,
S66 8EW

Tel: 01709711906

Date of Inspection: 20 May 2013

Date of Publication: June
2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Concept Clinics LLP
Registered Manager	Mr. Alan Wilkinson
Overview of the service	Concept Clinics deliver dental care to patients in nursing homes, care homes and sheltered accommodation. The head office is based in Maltby, Rotherham but operate nationally.
Type of service	Dental service
Regulated activity	Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 20 May 2013, observed how people were being cared for and sent a questionnaire to people who use the service. We talked with staff.

What people told us and what we found

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

People experienced care, treatment and support that met their needs and protected their rights. Feedback from one nursing home read "It takes away the stress from residents having to visit an external dentist" and "It absolutely makes a difference to the well being of our residents."

People were protected from the risk of infection because appropriate guidance had been followed. People were cared for in a clean, hygienic environment.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Signed consent forms were in place upon referral. Further consent was gained following the proposed treatment plan and identification of fees.

Records showed that people who had received treatment had been consulted with. We reviewed six patient records during the inspection. Patients were made aware of treatment costs and patient records detailed payment discussions. The form the patient signed before they went ahead with any treatment detailed any additional costs that may be incurred. Oral health advice, treatment options and choice were clearly recorded in patient notes.

Patient files contained documents relating to the level of involvement they wish to have in the treatment planning process. These documents were signed by people using the service.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Treatment is delivered into nursing homes, care homes and to patients in sheltered accommodation. Feedback from one nursing home read "It takes away the stress from residents having to visit an external dentist" and "It absolutely makes a difference to the well being of our residents."

People's needs were assessed and care and treatment was planned and delivered in line with their individual treatment plan. As part of this inspection we reviewed feedback and comments from patients who had used the service. The feedback we saw told us people were happy with the treatment that they received. One person said "The service is exceptional."

People's needs were assessed and treatment was planned and delivered in line with their individual treatment plan. As part of the inspection we spoke with a dentist. They explained that a full medical history was taken for all patients. This was confirmed by a review of eight patient records.

We saw people's records were written in a clear and concise way. Records were kept in both electronic and hard copy. Records included information about treatment plans, advice and choice of treatment options given by the dentist.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. Patient health needs and medication details had been updated at each visit and we saw records that confirmed this. Staff spoke knowledgeably about issues such as consent to treatment and confidentiality.

There were arrangements in place to deal with foreseeable emergencies. This included policies and procedures and emergency equipment which was regularly checked and maintained. The staff we spoke with were aware of the procedures and how to deal with emergencies. We saw that appropriate training had been provided to staff in the areas of resuscitation and first aid.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed. People were cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. We saw that all were clean and well maintained and staff told us that specific cleaning routines were in place to maintain hygiene standards.

We saw that fluids for cleaning equipment and clinical waste bins were freely available. The staff we spoke with were aware of how and when to use these appropriately.

The cleaning procedures were recorded and checks were in place to make sure procedures had been followed.

All areas of the practice were found to be clean, tidy and free from unpleasant odours. A cleaner was also employed to maintain a good standard of cleanliness throughout the practice.

We saw a room for the storage of cleaning equipment. The equipment was colour coded and clearly labelled for use in specific areas of the premises.

The decontamination room was found to be clean, tidy and well organised. Validation and daily testing records for the autoclave were in place and up to date and showed that quality assurance procedures were being applied correctly. Staff we spoke with were able to accurately describe the decontamination process.

We spoke with members of staff who decontaminated instruments. They were able to explain in detail the process for ensuring that dirty instruments were kept separate from clean instruments and how they were washed, rinsed, inspected and sterilised.

The practice maintained an infection control policy, which clearly identified an infection prevention and control lead. Audits of the infection control and sterilisation processes were undertaken regularly.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Appropriate checks were undertaken before staff began to work at Concept Clinics. We looked at the personnel files of three staff holding a range of roles within the service. There were effective recruitment and selection processes in place.

The files contained details of the recruitment process undertaken which showed that the suitability, skills and competencies of staff had been assessed. Each staff member had been subject to reference and identity checks prior to appointment. Disclosure and Barring Service (DBS) checks had been carried out for each staff member.

Induction procedures and probationary reviews for new staff were documented in staff files. Staff received appropriate professional development and were provided with a range of training opportunities to ensure that their skills and knowledge remained up to date and that they understood the needs of patients.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who use the service were asked for their views about their care and treatment and if those views were acted on. We saw evidence of how written feedback, questionnaires and post treatment phone calls were used to gain patient views. We saw the analysis of this feedback. Very positive feedback had been recorded.

The provider took account of complaints and comments to improve the service. We saw a system was in place to address issues that arose. We saw that details about the practice's complaints procedure was available if patients needed to use the process. None of the feedback or questionnaires from patients had needed to raise any concerns.

The staff we spoke with said they enjoyed working at Concept Clinics. They said they had regular meetings to update them on any changes and to discuss issues. We looked at staff meeting minutes which evidenced those discussions.

A number of audits were used to ensure policies and procedures were being followed. Examples of audits undertaken included; decontamination, infection control, emergency drugs, post treatment surveys and medical histories. Concept Clinics has been involved in the commissioning of dental research to ensure up to date best practice is being employed.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.


How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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